

4

London East  
2003-2005

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# Our main partners and stakeholders

We, the Learning and Skills Council London East, fund training and education for those over age 16 in Barking and Dagenham, Bexley, City of London, Greenwich, Hackney, Havering, Lewisham, Newham, Redbridge and Tower Hamlets.

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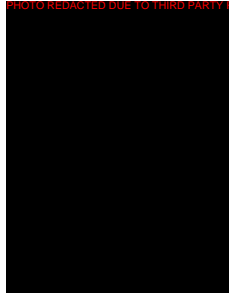
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Readers please note:

- in this publication where 'we' is used, it refers to the Learning and Skills Council London East,
- we have used footnotes in this publication, shown as small numbers in the text, to acknowledge our sources of information, and the research done by other organisations, and
- we have also included a glossary to describe some of the more technical terms used in this publication. This is on page 28.

- Basic Skills Agency
- Connexions
- Department of Health
- DfES
- Early Years NTO
- Early Years Partnerships in each of the 10 boroughs in our area
- Further education colleges
- General Social Care Council
- Higher education institutions
- Jobcentre Plus
- Local authorities – education and social services departments
- London Development Agency
- National Care Standards Commission
- NHS trusts
- NHS Workforce Confederations – NELWDC and SELWDC
- Police
- Primary care trusts
- Private-sector employers
- Probation Service
- Regeneration partnerships
- Skills for Health (successor organisation to Healthwork NTO)
- Business Link for London
- SPRITO (prospective Sector Skills Council: [skillsactiveUK](http://skillsactiveUK))
- Strategic health authorities
- The Social Care Institute for Excellence
- TOPSS England (former NTO, and prospective Sector Skills Council for the social care sector)
- Trade unions
- Training providers
- Voluntary Sector NTO (and its successor organisation)
- Voluntary-sector employers
- Work-based learning providers

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Mary Conneely  
Executive Director

We are in the middle of an exciting period of change. London East's 2 million residents have seen many changes in the last 10 years. The new developments announced for the Thames Gateway show that there will be further investment and increased opportunities during the next 10 years.

In every sector there is potential for growth. The proposal for major housing development in the Thames Gateway by the Deputy Prime Minister, in February 2003, is a boost for the construction industry. The Strategic Rail Authority and Transport for London have ambitious plans to develop the transport infrastructure. Health and social care, and financial services have their own challenges to meet as legislative changes place new demands on the workforce. The cultural and creative industries are thriving, and the retail sector can continue to grow with future town-centre redevelopments planned.

Our task, with you, our partners, is to make sure that London East is ready to meet these challenges with a highly skilled workforce. The consultation paper, *Success for All*<sup>1</sup>, in June 2002 set out the role of learning providers. It stated that "learning in an area must meet national and local skill needs... and be responsive to local employers and communities." This view was reinforced in the formal publication of *Success for All* which set out the joint plans of the DfES and the Learning and Skills Council, in November 2002, to reform the learning and skills sector and raise standards.

This series of workforce development strategies explains the issues affecting each industrial sector. Each strategy then suggests some realistic action to support the skills development of local people. The aims are to meet employers' needs, and to give individuals positive learning and employment experiences.

By delivering the actions in these 10 sector strategies, we will be helping to:

- fulfil our corporate objectives which we outlined in the Local Strategic Plan 2002-2005
- meet the requirements of the Learning and Skills Council's *National Policy Framework* for workforce development
- support the objectives outlined in London's *Framework for Regional Employment and Skills Action (FRESA)* published by the London Skills Commission, and
- meet the aims of the Skills Strategy White Paper (2003).

We hope that all partners and stakeholders in the various sectors will help deliver the plans presented in these very positive strategy documents. This will enable local people to improve their skills and make the most of the new opportunities being created in the Thames Gateway area.

## The Learning and Skills Council is responsible for funding and planning education and training for those over 16 years old in England<sup>2</sup>.

Workforce development is one of the most challenging and exciting parts of our work, and in November 2002, the national office published its Workforce Development Strategy – National Policy Framework to 2005.

The *National Policy Framework* was published at the same time as the Government report, *In Demand: Adult Skills in the 21st century – part 2*, produced by the Strategy Unit. These two documents suggested action that would promote workforce development. They state that we should:

- “raise informed demand for employment-related skills among individuals and employers
- support improvements to the responsiveness and flexibility of the supply side, and
- contribute to the development of an underpinning framework of better skills and labour market intelligence, responsive vocational qualifications and improved links to the wider educational agenda.”

Each sector strategy has an action plan which shows how we, at LSC London East, will take practical steps to meet those three objectives. By carrying out the action proposed for each sector, with you, our partners, we will directly contribute to delivering the LSC’s goals, which are to:

- “raise the participation and achievement of young people
- increase the demand for learning and equalise opportunities through better access to learning
- engage employers in improving skills for employability and competitiveness
- raise the quality of education and training delivery
- improve effectiveness and efficiency.”

This workforce development strategy for the health and social care sector is one of ten sector-based strategies. Each one describes the current issues in the sector nationally and locally. They give details of the current levels of employment and skills in the sector, and suggest where improvements in skills are necessary to meet the needs of the local and national economy.

The action plan for each sector gives details of the funding opportunities that are being made available to help individuals and organisations fulfil their potential.

### Workforce Development Strategies for London East

- 1 Construction
- 2 Cultural and creative industries
- 3 Financial services
- 4 Health and social care
- 5 Hospitality
- 6 Manufacturing
- 7 Public administration
- 8 Retail
- 9 Transport and logistics
- 10 Voluntary and community

<sup>1</sup> DFES, *Success for All – Reforming Further Education and Training*, Discussion Document, June 2002;  
DFES, *Success for All – Reforming Further Education and Training – Our Vision for the Future*, November 2002.

<sup>2</sup> This does not include higher education provision.

This strategy covers:

- health
- social care, particularly domiciliary care, and
- early years, childcare and playwork.

The health sector covers not only the National Health Service, but also the independent and voluntary sectors within the health field.

In 2002, the Department of Health handed over some of its operational responsibilities to 28 strategic health authorities (SHA) across the country. Two of these authorities are in our area, and they manage the NHS locally. Services are provided through NHS trusts and primary care trusts (PCTs).

Social care includes a wide range of services, which are provided by local authorities and the independent sector. It comes in many forms, such as care at home, in day centres or by way of residential or nursing homes.

The social care and healthcare subsectors have been brought closer together, and various bodies have been set up to raise standards in social care and maintain firm regulatory control.

Early years and childcare services have developed significantly since 1998, with 150 locally-based Early Years Development and Childcare Partnerships (EYDCPs) being set up.

The health and social care sector is of major importance to London East, with 70,000 people in the area estimated to work in the sector. Nearly 43,000 are in healthcare, and 27,000 people are in various social work activities. The demand for health and care workers continues to grow.

Workforce Development Confederations were set up in 2001 to bring together local NHS and non-NHS employers to plan and develop the whole healthcare workforce. New initiatives have been introduced to support the professional development of the current health-sector workforce, and to increase the recruitment of new staff.

A series of skills gaps among existing staff at all levels has been identified. Three important core skills need improvement.

- Communication
- Management and leadership
- IT skills.

Specific areas of skill shortages that have been noted include:

- nurses
- carers
- locum doctors
- locum pharmacists
- clinical staff in the NHS, and
- dental nurses, hygienists and reception staff.

In the early years, childcare and playwork subsector, new initiatives and legislation have brought demands for increased numbers of professional staff. The workforce generally is not well-qualified, and there are skill gaps in the management of facilities, the supervision of staff, and social skills in relating to parents and children.

We supported six important workforce development initiatives in the health and social care sector, during 2002-2003, in our area. And, a further £1.4 million of funding was made available to local organisations for projects related to the early years subsector.

More activities are in the action plan for 2003 to 2005, where we show how we will work with partners to help identify and meet the training and development needs of health and social care employers and employees in our area. Particularly, we want to develop a health and social care workforce that reflects the diversity of the population in London East.

For the early years, childcare and playwork subsector, we will encourage a demand-led system of training, and work to maintain the links between local colleges and the Early Years Development and Childcare Partnerships (EYDCPs). We will also continue to support the provision of basic skills and ESOL for the sector, and training for more NVQ assessors.

### Introduction

This strategy covers three broad areas:

- health
- social care, particularly domiciliary care, and
- early years, childcare and playwork.\*

### Health

Healthwork UK, the Health Care National Training Organisation<sup>3</sup>, in the foreword to its Sector Workforce Development Plan, June 2001, showed how difficult it is to analyse the sector in the following description.

"The health sector is large and disparate, covering not only the National Health Service, but also the independent and voluntary sectors within the health field, and the growing area of complementary and alternative medicine. The structure of the sector is varied, ranging from very large NHS organisations to individuals in private practice."

In October 2002, the Department of Health handed over some of its operational responsibilities to 28 strategic health authorities (SHA) across the country. Two of these authorities are in our area, and they manage the NHS locally.

Services are provided through NHS trusts and primary care trusts (PCTs). NHS trusts are the organisations responsible for running most hospitals – and they must answer to the local strategic health authority. The primary care trusts have responsibility for 'planning and securing services, working with partners to improve the health of the community, and the integration of health and social care locally'. Primary care trusts, "now the cornerstone of the NHS", receive 75% of the NHS budget.

\*The sector has recently been renamed, early years and childcare.

### Social care

The Department of Health<sup>4</sup> defines social care as a wide range of services, which are provided by local authorities and the independent sector. Social care comes in many forms, such as care at home, in day centres or by way of residential or nursing homes. The term also covers services such as providing meals on wheels to the elderly, home help for people with disabilities and fostering services.

Domiciliary care agencies, including those run by local authorities and NHS trusts, provide personal care to the wide range of people who need care and support while living in their own homes, including:

- older people
- people with physical disabilities
- people with sensory loss
- people with mental-health problems
- people with learning disabilities
- children and their families, and
- personal or family carers.

### Early years, childcare and playwork

The early years workforce is made up of:

- nursery workers
- pre-school or playgroup workers
- registered childminders
- out-of-school club and activities workers
- holiday play-scheme workers
- nannies
- school support staff
- those in family centres, and
- regulators and inspectors.

As their job titles imply, they are to be found in a number of settings in the public, voluntary and private sectors. These settings include crèches, playgroups and nurseries, as well as local-authority premises. Childminders and nannies will probably be operating in their own homes, or other people's homes.

<sup>3</sup>This has become *Skills for Health*, an organisation applying for SSC status.

<sup>4</sup>©Department of Health, August 2002.

The size of the sector

This sector is very important to London East with over 70,000 people in the area estimated to work in this sector. It has been the focus of a series of major government initiatives over the last four years, as the demand for health and social care services continues to grow.

The draft London Plan was published in June 2002, and among other things, it estimated a population growth of 700,000 in Greater London over the next 15 years. We expect the population to grow by 260,000 in London East, mainly through the Thames Gateway initiative. The implications of this for health-service resources are dramatic.

Already, the NHS has set down bold targets for increasing staffing levels, and has overseen the creation of Workforce Development Confederations<sup>5</sup> at a sub-regional level. The Government has also aimed to modernise the social care sector, and made changes in the early years, childcare and playwork sector by creating 150 Early Years Development and Childcare Partnerships (EYDCPs) across the country.

• National

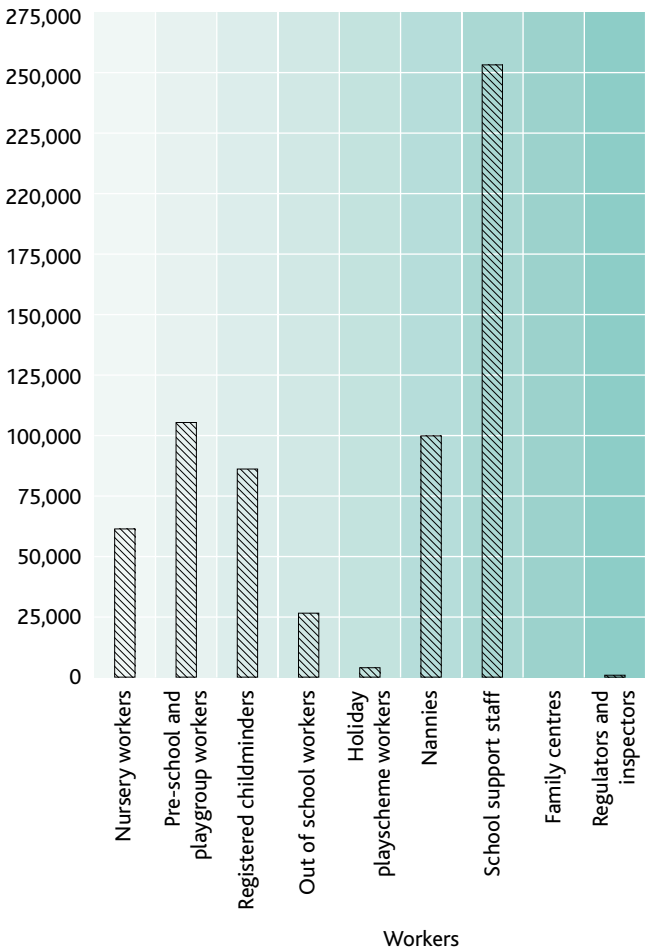
*The Healthwork UK Sector Workforce Development Plan* began by summarising the national picture. It suggested the sector is growing at 1% each year with spending to rise from £50 billion each year to £65 billion by 2005. The sector has a mainly female workforce aged between 25 and 54. The percentage of staff coming from the ethnic community is 7% which reflects the percentage in the UK population as a whole, although there are distinct variations from area to area. *The Healthwork UK Sector Workforce Development Plan*, written in 2001, estimated the sector employed two million people nationally and the numbers were as shown in [table 1](#).

The Early Years NTO's *Sector Workforce Development Plan for the Early Years Care and Education Workforce* in England explained how difficult they found it to make workforce estimates. The estimated workforce total was 643,689 for 2000, but this did include a ¼ million school support staff. The number of staff in each subsector is shown in [figure 1](#).

table 1  
Health and social care workforce

National Health Service – staff in health authorities, hospitals and community services	1,273,837
General medical and dental practice	131,898
Independent sector – nursing homes, hospitals and clinics	394,976
Private and retail – healthcare professionals, self-employed practitioners including complementary and alternative medicine	168,909
Paid employment in the voluntary sector	33,000

figure 1  
Early years, care and education workforce.  
England 2000, estimated



Source: ©Early Years NTO 2001



We used the *Annual Business Inquiry* to analyse the size of the local workforce. *Table 2* shows the number of establishments in the London East area. Between them, they employed 42,434 people in the combined areas of human-health activities, and 26,999 people in various social-work activities. This gives a total number of 69,433 people working across the sector locally.

The distribution of employment by borough in health and social care activities – illustrated in *figure 2* (below) – is shown in detail in the appendix. Havering, Lewisham and Tower Hamlets each had over of 9,000 employees when combining health and social-work activities. Barking and Dagenham, and Redbridge are the only two boroughs where those involved in social-work activities were in higher numbers than those employed in 'human-health activities'<sup>6</sup>.

table 2

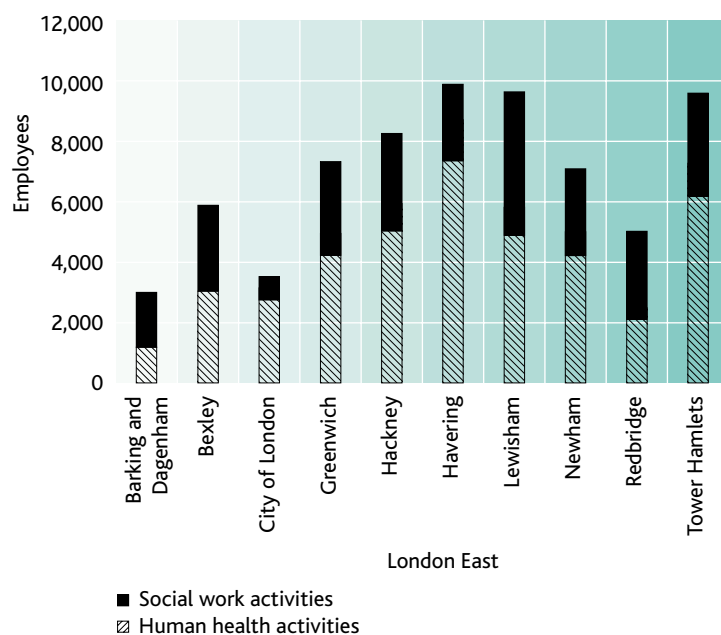
The size of the health and social care sector, London East, 2001

Numbers of establishments in London East	Total
<b>Human health activities</b>	
Hospital activities	226
Medical practice activities	541
Dental practice activities	221
Other human health activities	217
Veterinary activities	69
<b>Social work activities</b>	
Social work activities with accommodation	519
Social work activities without accommodation	1,122
<b>Total</b>	<b>2,915</b>

Source: Annual Business Inquiry 2001, ONS Crown copyright (2003)

figure 2

The number of employees in health and social care, London East, 2001



Source: Annual Business Inquiry 2001, ONS Crown copyright (2003)

<sup>5</sup>You will find a description of Workforce Development Confederations at the end of the chapter.

<sup>6</sup>Human-health activities include hospitals, medical and dental practices, and other health-related work. Social-work activities include employment with or without accommodation.

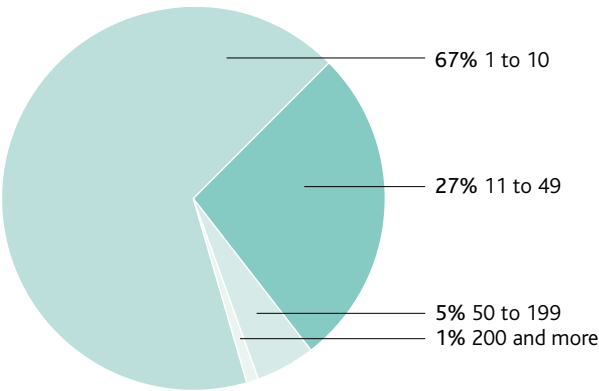
The Annual Business Inquiry gathers information on the number of employees and the size of the establishments where they are employed. Most establishments are in the social work subsector – 56%, while 19% are in medical practices, 8% in hospital activities, 8% in dental practices, and 2% in veterinary activities (not part of this strategy document).

In London East<sup>7</sup>, out of 2,915 establishments, 67% have between 1 and 10 employees, 27% have between 11 and 49 employees, 5% have between 50 and 199 employees, whereas 1% only have 200 or more employees in the health and care sector. The larger establishments are generally carrying out 'hospital activities', and this is reflected in our analysis of employees by subsector.

Hospitals are major employers with 40% of employees – 28,000 people – working in the 'hospital activities sector'. 39% are within social work, 9% in 'other health activities', 8% in medical practice and 3% in dental practice. The contrast between numbers of establishments and numbers of employees is shown in the two pie charts, *figures 4* and *5*.

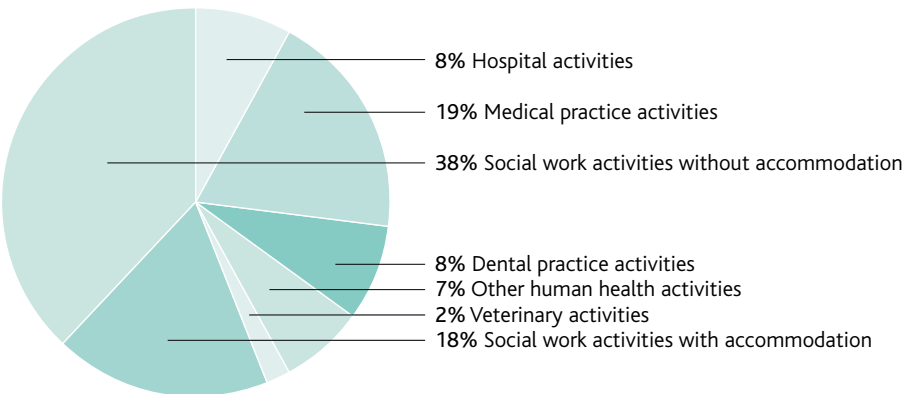
In the next chapter, following a discussion of the economic factors which are shaping the sector, we will give an outline of the numbers of staff forecast to be employed in London East over the next five to seven years.

*figure 3*  
Percentages of health and social care establishments by size, London East, 2001



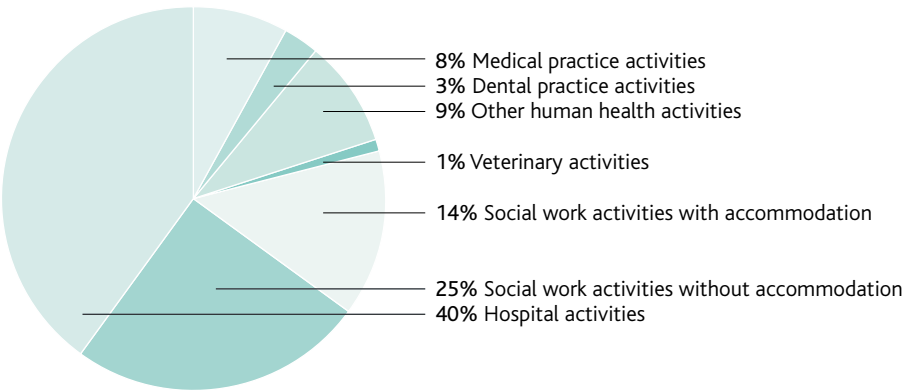
Source: Annual Business Inquiry 2001, ONS Crown copyright (2003)

*figure 4*  
Percentages of health and social care establishments by subsector, London East, 2001



Source: Annual Business Inquiry 2001, ONS Crown copyright (2003)

*figure 5*  
Percentages of health and social care employees by subsector, London East, 2001



Source: Annual Business Inquiry 2001, ONS Crown copyright (2003)

## Workforce Development Confederations

The Department of Health described the new arrangements for developing the workforce as follows.

“Workforce Development Confederations were established on 1 April 2001. They bring together local NHS and non-NHS employers to plan and develop the whole healthcare workforce. This new approach to planning recognises that the NHS is not the only employer of healthcare staff, and that local authorities, private and voluntary-sector providers and others need to work together if workforce planning and development is to be effective and meet the healthcare needs of local populations.

Confederations will create robust links with social care authorities and employers and Sector Skills Councils for health and social care, to make sure that workforce planning and development takes account of:

- social care employers’ requirements for health trained staff;
- the development of jointly provided services and multi-disciplinary teams across health and social care;
- workforce pressures common to the local health and social care economy;
- competency frameworks and National Occupation Standards to support flexible working and the Skills Escalator Strategy”<sup>8</sup>.

### The South East London Workforce Development Confederation (SELWDC) covers:

Bexley  
Greenwich  
Lewisham in our area, plus  
Bromley  
Lambeth, and  
Southwark.

SELWDC<sup>9</sup> summarised its purpose as being to:

- “help employers to modernise the health service and treat patients and clients better. This involves analysis of the way work is done, how jobs are designed and how individuals and teams of people are organised
- plan a workforce that has capacity and capability to offer modern treatment and care
- commission education and training for health workers to meet the objectives above”

### The North East London Workforce Development Confederation (NELWDC) covers:

Barking and Dagenham  
Corporation of London  
Hackney  
Havering  
Tower Hamlets  
Newham  
Redbridge in our area, plus  
Waltham Forest.

NELWDC’s strategic objectives are to:

- “recruit and sustain a workforce to meet patient needs
- commission high quality, appropriate and cost effective education, training and continuing professional development
- improve the employment prospects of local people”

<sup>7</sup> Throughout this strategy we use the term *London East* to refer to the area we cover. It includes the boroughs listed on the inside front cover of the strategy.

<sup>8</sup> Department of Health website ©Crown copyright 2002

<sup>9</sup> SELWDC Business Plan 2002-2003

## Chapter 2

### The demand for a larger and more highly-skilled workforce

There are two factors that are changing the shape of the sector and driving the need for a larger workforce with greater skills.

- Policy initiatives – the drive for higher standards and introducing new regulations.
- Social and economic change.

This chapter outlines these changes and gives an assessment of the skill shortages and skills gaps identified nationally and locally. We use economic forecasting models to present a picture of the future employment levels in London East.

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## Policy initiatives

### • National Health Service

The Strategy Unit Report *In Demand – Adult Skills in the 21st century* – part 2 published in November 2002 drew attention to the major changes in the publicly-funded NHS. The workforce development initiatives the NHS has taken and the formation of Workforce Development Confederations are both relevant to this strategy document. The Strategy Unit Report summarised the actions the NHS was taking to become a model employer as follows.

*“HR in the National Health Service Plan<sup>10</sup>, published in July 2002, had two overarching objectives: a major expansion in staff numbers and a major redesign of jobs.*

In England, the major components in the strategy for up-skilling the workforce are:

- a new workforce planning and delivery structure focused on the recently created National Workforce Development Board and a network of 27 local Workforce Development Confederations;
- a framework for lifelong learning<sup>11</sup>;
- a workforce Skills Escalator strategy;
- the development of consistent competency frameworks and National Occupational Standards;
- in autumn 2003, the launch of NHSU (the NHS University);
- a major programme of reform across pre-registration and post-registration/undergraduate health professional programmes;
- a major investment programme to underpin the Skills Escalator, through continuous development of professional staff, enabling staff without professional qualifications to access an NHS Learning Account or NVQ training, and through identifying and addressing adult literacy, numeracy and language gaps. The NHSU is exploring plans to offer staff access to foundation degree pathways within five years of their employment; and
- a major review of workforce development funding arrangements.”

The aim was to raise the skill level and quality of the workforce through the initiatives above, as well as increase the size of the workforce. The NHS was to be a model employer with larger numbers of staff to meet patients’ needs<sup>12</sup>.

The NHS plan sets out a series of workforce targets, compared with staff numbers in 1999, to be achieved by 2004. They included:

- 7,500 more consultants
- 20,000 more nurses
- 2,000 more general practitioners (GPs), and
- 6,500 more therapists and other health professionals.

However, when *Delivering the NHS Plan (2)* was published after the April 2002 budget, it raised the requirement, suggesting that by 2008 the NHS should have:

- at least 15,000 more consultants and GPs
- 35,000 more nurses, midwives and health visitors, and
- 30,000 more therapists and scientists.

These new figures were based on staffing levels in 2001.

In chapter 3 – Skills supply for the sector – we refer to the business plans of the two local Workforce Development Confederations. These business plans show the steps being taken locally to meet these targets.

<sup>10</sup> *HR in the NHS Plan – more staff working differently* (July 2002)

<sup>11</sup> *Working Together, Learning Together – a framework for lifelong learning for the NHS* (November 2001)

<sup>12</sup> You should also remember that, over the last 10 years, a number of functions on health-service premises have been increasingly supplied by other organisations, for example, catering.

### • Joint working between health and social care

Immediately before some of the broader health service developments mentioned above, the 1999 Health Act Partnership Arrangements allowed closer working between health and local authorities. This was followed by the Health and Social Care Act 2001 introducing care trusts. The Government issued guidance on all these changes in July 2001.

The concept of joint working forms the basis of the Government's reforms. One of the main roles of the new strategic health authorities is to make sure that local NHS organisations work together with local authorities, particularly social care departments.

The Government was concerned that in spite of staff's best efforts, the social care sector as a whole was not always meeting the needs of users, and did not have effective regulation. As a result, they built on the White Paper *Modernising Social Services* with *The Care Standards Act 2000* putting "in place the building blocks of the Government's programme for modernising social care"...specifically by..."the establishment of

- An independent National Care Standards Commission to regulate all care homes, private and voluntary healthcare, and a range of social care services in accordance with national minimum standards
- A General Social Care Council to raise professional and training standards for the million-strong social care workforce
- The Training Organisation for Social Services, to improve both the quality and quantity of practice learning opportunities for social work students
- The Social Care Institute for Excellence, to act as a knowledge base and to promote best practice in social care services

Other initiatives include strengthening and training the social care workforce and introducing national minimum standards for all aspects of social care services<sup>13</sup>."

Most recently, the Department of Health announced the start date for regulating nurses' agencies and residential family centres on 24 December 2002, and the regulation of domiciliary care services on 2 January 2003.

The regulations came into force on 1 April 2003 and said: "This will mean that existing Nurses' Agencies will need to transfer registration, and Residential Family Centres and Domiciliary Care Services will be required to register with the National Care Standards Commission (NCSC) by that date. All new services, starting after 1 April 2003, will be required to register with the NCSC before they can commence their operations."

The following services that now have to register with the NCSC, are:

- care homes
- children's homes
- domiciliary care agencies
- residential family centres
- voluntary adoption agencies
- independent fostering agencies
- private and voluntary hospitals and clinics
- exclusively private doctors, and
- nurses' agencies.

### • National childcare strategy and the early years, childcare and playwork subsector

The DfES launched the national childcare strategy Green Paper *Meeting the Childcare Challenge* in May 1998. It proposed that plans for setting up and developing early years and childcare services should be drawn up and put in place at a local level by Early Years Development and Childcare Partnerships (EYDCPs). As a result 150 partnerships now operate across the country.

The partnerships are responsible for developing and co-ordinating services in:

- early years education
- childcare (0 to 16) including out-of-school care
- children's information services, and
- neighbourhood nurseries and children's centres.

We are also working with the partnerships and local Sure Start units to improve the supply of trained early years, childcare and playwork workers to meet the needs of the sector and to underpin local economic activity.

The sector needs to recruit between 175,000 and 185,000 new childcare workers.

The DfES has set training targets of training between 130,000 and 150,000 sector workers to level 2 or level 3 during the period 2003-2006.

Work will need to take place to meet the following day care standards:

- supervisory staff in full-day care settings will need to be qualified to at least level 3, and
- 50% of all staff will need to hold a level 2 qualification.

Childminders will have to complete a local authority approved pre-registration course within 6 months of starting childminding.

## Case study

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### Michael and Puja – two success stories from the childcare sector

Redbridge Early Years Development and Childcare Partnership (EYDCP) has been running regular childcare and playwork pre-vocational training programmes, supported by LSC funding, as part of the National Childcare Strategy.

Michael Ward and Puja Tooray both attended these training programmes and were then motivated to go on to gain more qualifications.

Michael is 46 and was a self-employed plumber. He felt he was not reaching his full potential in his job, and so decided to start the pre-vocational training programme, where he became inspired to study for NVQ 2 in Playwork, followed by the level-3 course. Michael took the classes in the evening, and has gone on to find work at ELHAP, an adventure playground for young people with special needs. He finds this very fulfilling.

Puja is 22 and came to this country two years ago to marry. She attended one of the first pre-vocational training programmes, and then wanted to progress further. She signed up for Playwork NVQ level 2, and found work at both Loxford Creche and Prospers After School Club.

Michael and Puja are valued and dynamic contributors to their childcare work teams because of their different life experiences, and are just two of Redbridge EYDCP's many success stories.

(The London Borough of Redbridge EYDCP, using LSC funding, supports the NVQ levels 2 and 3 in Playwork and Early Years Care and Education running at Redbridge Institute of Adult Education.)



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#### • Social and economic change

There is an increasing number of older people in Britain. Even in London East, which has a younger age profile than many other parts of the country, there are 325,000 people over the age of 60. This is equal to 6.5% of the population<sup>14</sup>. Not only are we living longer, but there are greater numbers of adults with disabilities, and more people are suffering from mental illness. Changing family patterns have contributed to shifts in the way individuals need to be cared for. The policy initiatives we have identified above mean that more people who need help must be supported to live within their communities.

The London Plan and the Thames Gateway proposals both foresee major population increases in the area. This will mean a greater demand for health centres, general practitioners and nurses. If all the Thames Gateway plans are put into practice, there will also be a need for at least one new hospital in the subregion.

Developing childcare facilities is very important to the supply side of the London economy. The childcare sector is a large employer in its own right and set to grow. The FRESA<sup>15</sup> had highlighted the lack of facilities as one of the main barriers to future learning and training. It said: "These barriers are categorised into three main areas: time (39%), cost (20%) and childcare responsibilities (15%). Because of this, the Mayor's Office is currently developing a Childcare strategy for London (concentrating on provision at affordable rates)."

Greater numbers of children are in care, and a rising number are at risk, according to TOPSS. It also said that the number of children looked after in residential homes is falling. However, the age of children in residential care has risen.

#### An analysis of future demand

##### • Forecasts of future employment patterns

The Local Economic Forecasting Model<sup>16</sup> was used to identify trends in relation to the sector in London East.

Currently female employees make up 81% of the workforce (2002), but this is set to change with the female share of employment rising to 84% by 2010. The share of the workforce working full time will stay the same at 53%. However, the percentages working part time will drop from 35% to 32% (32% of those being women in 2002, reducing to 31% in 2010). The numbers of self-employed will rise from 12% to 15% over the eight-year period. The sector contains 6.6% of employees across the economy (2002) and is expected to increase by 0.1% by 2010.

These are forecasts of future employment patterns. The ambitious targets set by government for the health and social-services sector would imply even higher employment levels than given in these forecasts. The problem for employers in London East will be recruiting people to meet them.



figure 6

Employment levels, London East (thousands)

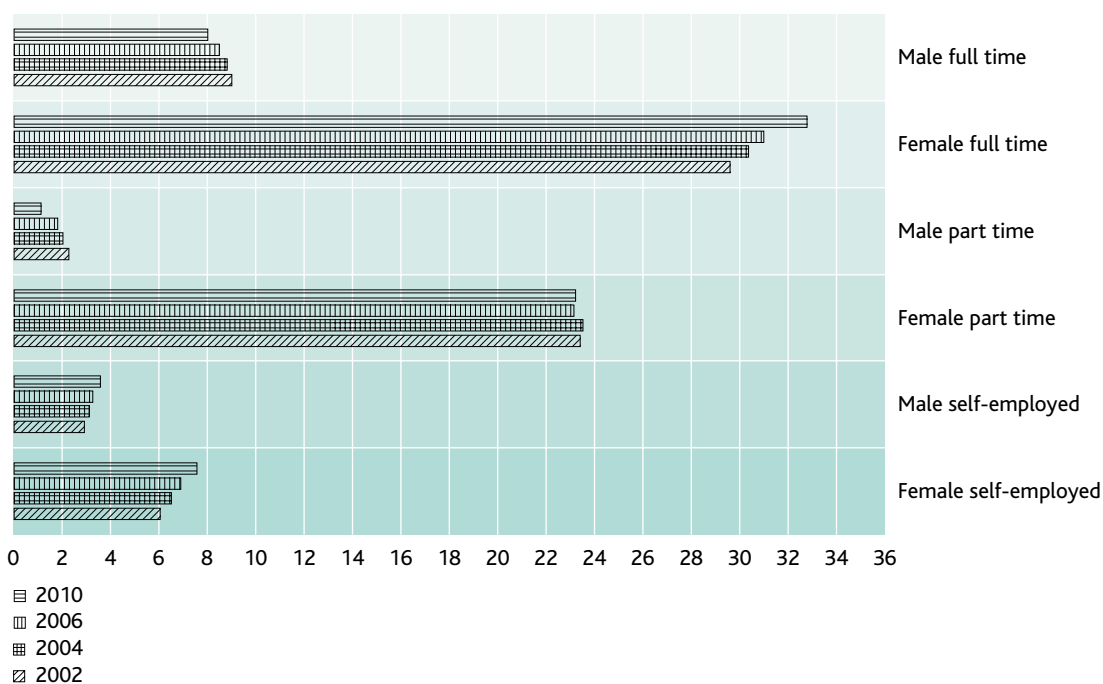


table 3

Employment levels, London East (thousands)

Employment levels	2002	2004	2006	2010
Male full time	9	8.8	8.4	7.9
Female full time	29.6	30.4	31	32.6
Male part time	2.3	2	1.7	1
Female part time	23.4	23.5	23.3	23.4
Male self-employed	3	3.2	3.3	3.6
Female self-employed	6.1	6.5	6.8	7.6
<b>Total</b>	<b>73.4</b>	<b>74.4</b>	<b>74.5</b>	<b>76.1</b>

Source: CE/IER LEFM 2002

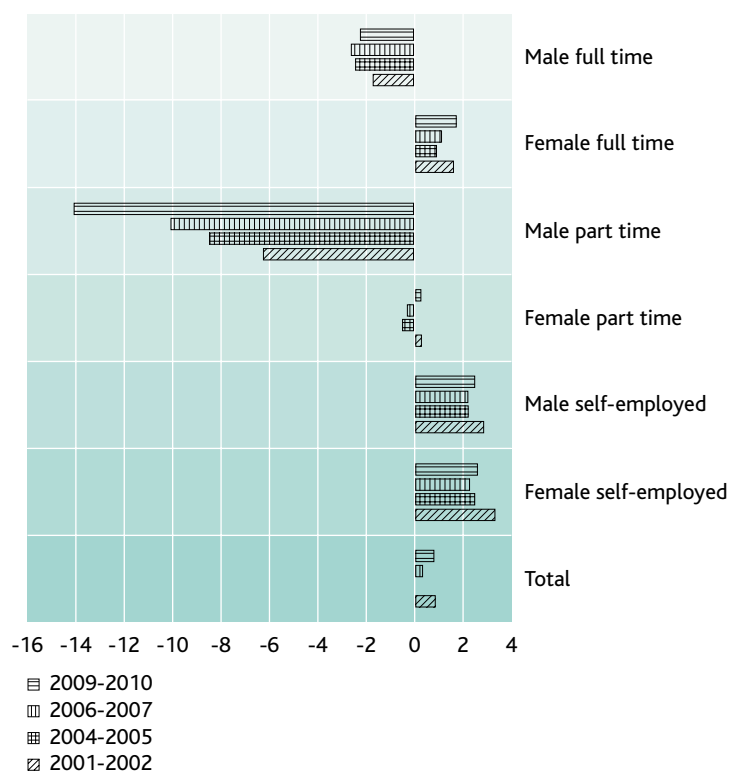
<sup>14</sup> Census 2002, ONS Crown copyright

<sup>15</sup> London's Regional Framework for Regional Employment and Skills Action, London Development Agency, 2002

<sup>16</sup> University of Warwick (IER) / Cambridge Econometrics.

figure 7

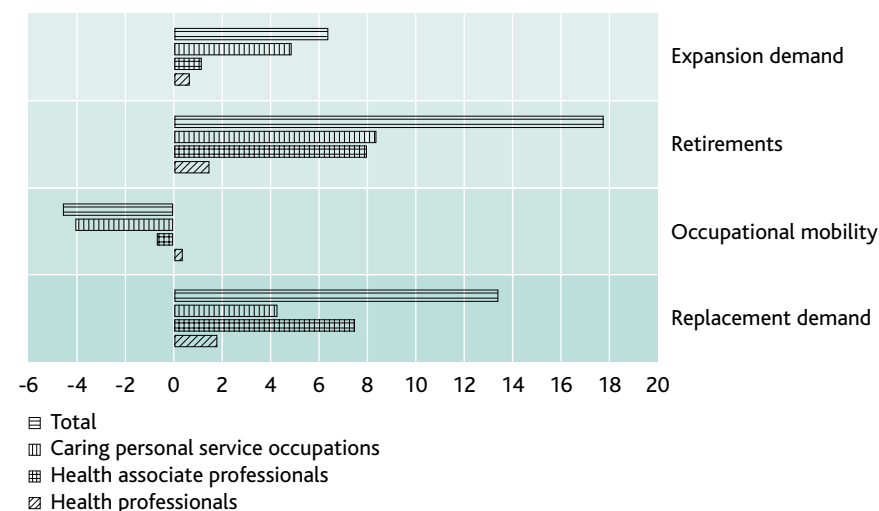
Percentage growth in the health and social care sector, 2001-2010



Source: CE/IER LEFM 2002

figure 8

Replacement demand, London East, 2002-2007 (thousands)



Source: CE/IER LEFM 2002

table 4

Replacement demand, London East, 2002-2007

	Expansion demand	Retirements	Occupational mobility	Replacement demand
Health professionals	0.4	1.3	0.3	1.7
Health associate professionals	1	8	-0.7	7.3
Caring personal service occupations	4.8	8.4	-4.1	4.3
<b>Total</b>	<b>6.2</b>	<b>17.7</b>	<b>-4.5</b>	<b>13.3</b>

Source: CE/IER LEFM 2002

We expect the sector to experience growth at around 2.5% each year up to 2010. Investment levels will rise and fall over the period. After having increased from 2000 up to 2002, we expect them to fall in the period 2003-2006, and then rise again by 3.8% up to 2010.

In terms of the needs of the workforce, the sector will need an extra 2,300 male<sup>17</sup> employees by 2007, mainly at associate professional level. This is largely due to retirements. This factor will also lead to a forecast need for a further 11,000 female employees by 2007, with 6,000 associate professionals and 4,200 caring personal service occupations needed.

In summary, the total replacement demand for health professionals (1,700), health associate professionals (7,300) and caring personal service occupations (4,300) is 13,300 by 2007 (see [figure 8](#), [table 4](#).)

The forecasting looks at the workforce needed to replace those leaving the sector, and those needed to cope with expansion. We expect increases across all three occupational areas between 2001 and 2010. The largest increases are for caring personal service occupations (14,000), followed by health associate professionals (2,900), and health professionals (1,400).

## • Workforce Development Confederations

The North East London Workforce Development Confederation recently looked at London's workforce needs. Professor Charles Easmon's paper<sup>17</sup> said, "One conclusion is clear, the demand for workforce will increase dramatically over the next five years." He continued by noting that in 2000-2001 the highest rate of growth occurred, and if this "rate of growth were to be sustained over the next five years an increase in the workforce of 17% would result over this period".

The issue we discuss in the next chapter is the labour supply, and that may have an effect on the sector being able to achieve some very demanding targets.

## Skills shortages and skills gaps

### • Health and social care

A series of skills gaps among existing staff at all levels has been identified. Three core skills need to be tackled.

- Communication
- Management and leadership
- IT skills

Communication, and management and leadership are particularly important in the rapidly changing organisational structures. And, the effect of changing technologies has placed more importance on IT skills.

More teaching staff are needed in this area. Work-based assessment and verification skills, and clinical supervision and mentorship skills are also needed. Research and counselling skills are necessary, and basic skills gaps have also been identified.

Specific areas of skill shortages that have been noted include:

- nurses
- carers
- locum doctors
- locum pharmacists
- agency and clinical staff in the NHS
- dental nurses, hygienists and reception staff, and
- nutritionists working privately and clinic professionals.

## • Early years, childcare and playwork

The new initiatives and legislation in this area have brought demands for increased numbers of professional staff. Ofsted needs more inspectors. Extra tutors, assessors and mentors are needed to increase the level and quality of training. And finally, staff with experience in community work and the needs of families in disadvantaged areas are in demand.

The *Early Years NTO Sector Workforce Development Plan* showed that there was "a relatively low level of general educational qualifications in the workforce and that levels of childcare qualifications vary considerably by type of setting". Large numbers of heads of organisations and their staff did not have childcare qualifications.

The plan identified specific gaps in the Early Years Workforce in terms of subject knowledge when working with children, in areas such as literacy, maths, science and cooking. It also noted gaps in "personal and social interaction in relating to parents and other workers". Health and safety and food hygiene were areas where staff needed training. There were other skill gaps. These included:

- managing facilities
- supervising staff
- training staff
- business skills
- planning and delivering the curriculum
- writing bids
- controlling budgets
- writing reports, and
- quality assurance.

In terms of staff shortages, there appeared to be a lack of playworkers as well as experienced and qualified workers to support children with special educational needs.

<sup>17</sup>The forecasting models used to predict future employment patterns use a wide range of economic information. They do not say that men or women have to get the jobs. They use information available now to forecast what is likely to happen.

<sup>18</sup>NELWDC, *London Workforce over the next five years*, August 2002.

# Chapter 3

## Skills supply for the sector

### Introduction

This chapter will present information we have taken from the Individualised Student Records (ISR) to show the numbers recently in education and training who are the new supply to the sector. There are issues about drawing employees into the sector, and this background will help us understand the type of education and training needed.

### • Health and social care

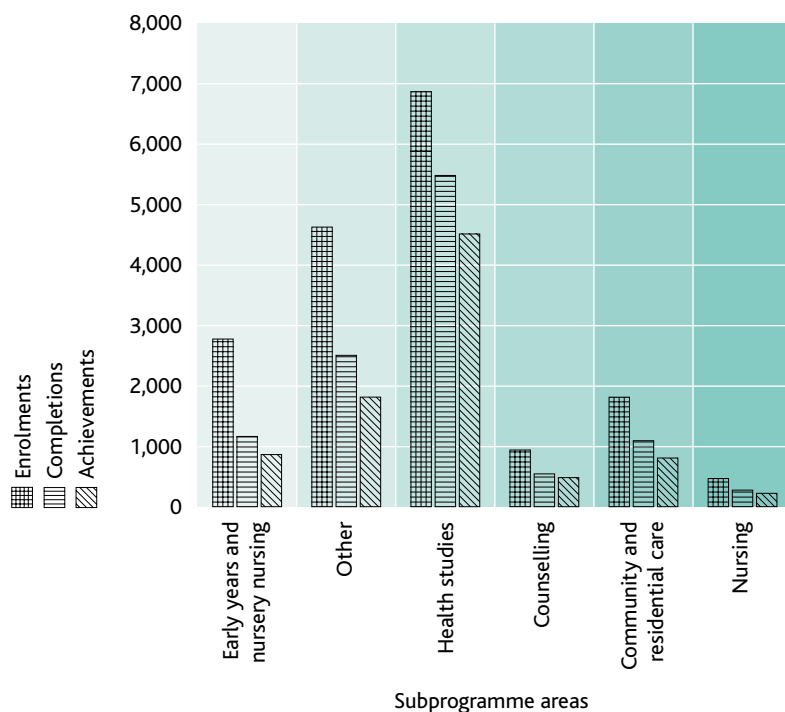
The demand for more staff will continue to grow because of an ageing population, and, in the longer term, more spending on health care. It will also be necessary to raise the current low staffing levels in public- and private-sector organisations. There are three approaches to improving the supply.

- Providing learning opportunities for new entrants.
- Improving the skills of the existing workforce to meet new challenges.
- Attracting back those qualified to work in the sector but who have left.

However, new, existing or returning staff may be influenced in how willing they are to be part of the service by the pay, conditions and the image of the sector.

figure 9

Recent trends in further education, London East



London East		Enrolments	Completions	Achievements	Percentage achieving*
Bangladeshi	3%	624	379	278	73
Black African	10%	2,075	1,273	927	73
Black Caribbean	7%	1,518	912	642	70
Black other	3%	639	405	261	64
Chinese	1%	120	66	39	59
Indian	3%	669	401	283	71
Pakistani	2%	406	231	163	71
White	49%	10,660	7,108	5,119	72
Other Asian	1%	295	199	136	68
Other	5%	965	569	373	66
Not known/provided	16%	3,429	2,262	1,817	80
	<b>100%</b>	<b>21,400</b>	<b>13,805</b>	<b>10,038</b>	<b>73</b>

\*We have worked out the percentage achieving against those who actually completed the course

#### • Early years, childcare and playwork

The *Early Years NTO Sector Workforce Development Plan* gives details of the research on the childcare labour force. It says that it has largely depended on women with low levels of education, low levels of training and who are prepared (or needing to work) for low wages. It continues by noting that "demand for care work is increasing and the supply of labour is reducing". It also mentions that the Chief Inspector of Social Services has acknowledged acute problems in the social care field.

Lack of experience and lack of qualified applicants in this area has meant serious recruitment difficulties. This combined with high turnover rates in out-of-school clubs and pre-school playgroups has caused problems.

Setting up a framework of nationally accredited qualifications for early years education, childcare and playwork has helped the subsector. Increasing the quality and qualification thresholds of the sector will benefit everyone and help produce higher professional standards. However, attracting a labour force to live up to these higher demands will probably mean some improvements are needed in the conditions of service and financial rewards associated with the work.

#### • Further Education – statistics for 2000-2001

The breakdown by enrolments by subprogramme area is 40% health studies, 16% early years and nursery nursing, 10% community and residential care, and 5% counselling, with 26% of students studying other subjects in the broad programme area (see [figure 9](#)).

The total number enrolled on community and residential care courses was 1,719 with 43% of students enrolled at level 2, 29% at level 3, 23% at level 1 and 2% at level 4 and above.

The total numbers enrolled on nursing courses was 460. Most of these were at level 3 – 95%, with 2% at level 4 and above. These numbers probably reflect the split between further education and higher-education responsibilities. Funding for nursing courses is directed through other organisations, and so only a limited number of nursing students appear as enrolments on further education courses.

There were 6,809 enrolled on health-studies courses with 33% of students enrolled at level 1, 6% at level 2, 18% at level 3, with 43% on other courses.

The total number enrolled on early years and nursery-nursing courses was 2,734 with 53% of students enrolled at level 3, and 34% at level 2. Achievement levels were highest at level 3 (74%), but looking at the figures as a whole, 55% of students enrolled did not complete their courses. This reflects either poor counselling and guidance given to students before entering the course, or poor management of the students' learning experience when on the course. Either way, the wastage is not helpful in this significant shortage area.

An analysis of the modes of attendance showed also that 45% of those on early years courses were following full-time courses. This figure is higher than for most other areas in the health and social care sector.

In the appendix, we analyse the enrolments by borough for each subprogramme area. There is also a table showing enrolments by ethnic origin ([table 5](#), above). We can use this information to support specific initiatives that we have outlined in the action plan.

Most learners are in the age range 25-59 years (65%) and have the highest achievement rates (75%). The 16- to 18-year-olds make up only 16% of the student body in this sector.

### Workforce Development Confederations

The SELWDC (which has three boroughs in our area, and three outside London East) recruited 1,207 students in 2001-02 according to its business plan 2002-2003. This was against a target of 1,200. However, these figures did not entirely match their targets for specific occupational groups. SELWDC had only achieved just over 50% of its target for attracting back qualified nurses and midwives by February 2002.

The SELWDC has growth targets for 2004 set against a baseline figure from 1999. It expects these figures will be achieved by September 2004.

The early signs are that at the current rate of supply of health associate professionals, this target is not likely to be met.

A disturbing feature on the supply side is the failure to convert student enrolments on higher education programmes into locally-employed qualified practitioners. The business plan notes research commissioned to follow up the first destinations of students after leaving higher education. The plan stated:

*"Very preliminary analysis in January 2002 indicated that of the 802 students who commenced a course in 1998/9 only 177 are known to have taken up local employment, with the destination of 231 not known and 209 known to have left the courses prior to qualification."*

Also, looking at the achievement of supply-side targets for 2002-2003, the business plan sounded a note of caution about students coming through.

*"Considerable effort will be required by stakeholders to achieve these numbers in relation to Practice Nurses given the performance in 2001/02."*

The business plan does provide some very positive strategies to meet its targets. However, the quotes above show how difficult it will be to meet such ambitious targets given recent history.

The NELWDC also has growth targets for 2004 set against a baseline figure from 1999.

The initial signs in September 2001 were that the actual numbers of nurses and midwives coming through were under target. The expected results for March 2002 were also likely to be under target. These figures are in the annex of the business plan for NELWDC. This document sets out a range of actions to improve supply through its commissioning function. The action includes:

- "a new framework for commissioning post basic and CPD education and training to achieve a radical change in education delivery"; and
- the "commission of education and training to meet widening access and participation needs".

### Growth targets for SE London

Consultants	GPs	Nurses and midwives	Associate health professionals
479	56	945	283

### Growth targets for NE London

Consultants	GPs	Nurses and midwives	Associate health professionals
305	70	778	236

There are several initiatives being taken by the workforce development confederations to improve supply. The following case study report was presented in the newsletter of the NELWDC – *Keeping you in the loop – Sharing and Communicating – Issue 1*, September 2002.

*“With the help of NELWDC, Barking and Dagenham, and Havering PCTs have piloted the new Primary Health Care Assistants (HCA) role. HCAs will be able to carry out tasks that do not require a nursing qualification leaving more time for practice nurses and nurse practitioners to develop and enhance their role. New HCAs have enrolled on a specially designed NVQ level 3 course and attend regular college sessions whilst working in the practice gaining valuable experience. They come from a variety of backgrounds: support staff who want to gain nursing skills, community support staff who want to move into local practices and local people who are interested in a career in nursing.*

*The pilots were very successful and now 14 HCAs are working across Barking and Dagenham and Havering, either in single-handed or group practices. They are employed by the PCT and are supported clinically by the practice nurse. Academic support comes from Barking College through the course they attend each week.”*

To increase the supply to the necessary levels many more initiatives like this will be needed.

### Barriers to learning

Although many of the initiatives we have already outlined show that policymakers are aiming to improve the workforce, employees and potential employees still see barriers to learning. These are:

- lack of access to flexible learning opportunities
- a fast pace of change
- the cost of learning and development (both in money and time)
- a lack of reliable information, advice and guidance for adults about learning and employment opportunities
- a lack of training leading to job-specific training, and
- the lack of a career ladder for support staff.

One of the functions of this strategy will be to start to help people to overcome these barriers.

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The many initiatives, and the increased legislation which covers all aspects of the health-care sector, bring significant demands in themselves. In London East these problems may be worse than in other areas. The North East London Workforce Development Confederation identified specific shortages in its newsletter.

### Emerging workforce development needs

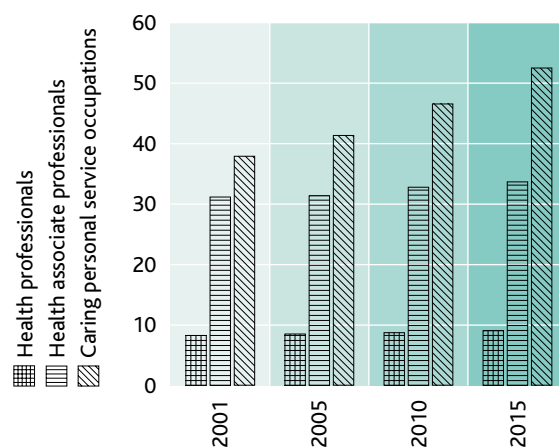
#### • Health and social care

Our *Workforce Development Strategy National Policy Framework* identified leadership and management as an important focus for action. Workforce development needs identified locally include management skills, specifically spreading best practice in human-resource management.

The NHS is aiming to be a model employer through improved practice – it describes its *Skills Escalator* as “a ‘win-win’ model [that] provides benefits for employers, staff and communities alike” ... “The vision is of a modernised NHS in which staff have a range of options for developing and extending their careers, supported by high-quality learning and development opportunities.” It will need managers who are able to deliver this vision.

The ability to manage change is also needed in both public- and private-sector managers. They need to be able to manage the changes needed as a result of new regulations. They also need to create a culture within their organisation which gives greater emphasis to patients’ and clients’ needs.

figure 10  
Employment by occupation,  
London East (thousands)



Source: CE/IER LEFM 2002

The specific skills identified included:

- IT skills
- communication skills – particularly for clinicians
- work-based assessment and verification skills, and
- clinical supervision and mentoring skills.

Basic Skills and ESOL were identified both locally and in the National Framework as priority areas.

Apart from a greater need for multi-skilling, some very specific skill needs emerged. Attention needs to be paid to the career ladder for support staff. There is also a need for continuous professional development for those who fall outside the traditional professional groups. Trust and board membership skills is a specific type of skill which needs improving, particularly for those in the voluntary sector.

Health and safety awareness is more important than ever, particularly with the increasing range of legislation that affects all of the subsectors in this strategy.

There is an increase in partnership working and joint projects across different subsectors, and this work needs to be managed effectively.



## Improving the supply of staff to meet increasing workforce needs

The North East London Workforce Development Confederation (NELWDC) scenario modelling of London workforce needs<sup>19</sup> that we quoted in Chapter 2 suggested a series of solutions to the issues. We support many of those ideas and they are consistent with our aims and action for the sector. Below are five of the 10 solutions suggested where support between us and the NELWDC would make a positive difference.

1. "A systematic policy of growing our own and addressing the broader social and economic barriers to recruitment and retention.
2. Assimilation of those resident in London with overseas qualifications, but not currently able to use them. Both refugees and asylum seekers and those with established rights of residence.
3. Recruitment from local communities to broaden the traditional, but limited, recruitment base of the NHS particularly into roles that do not need a professional qualification combined with
4. Accepting that London has a diverse population and that encouraging diversity is common sense.
5. Creating new types of healthcare worker, combined with a radical redesign of the way we deliver and configure services. (Making sure our education partners understand what we are doing and why and that we understand their constraints.)"

## • Early years, childcare and playwork

SPRITO – an organisation applying for Sector Skills Council status – in a recent paper with other organisations, suggested that we need to see a broad range of continuous professional development activity for the childcare workforce to meet the needs identified through Ofsted inspections. We need training for those developing quality-assurance systems in day-care settings. We also need to train more NVQ assessors and trainers and, in delivering NVQ in Early Years, we need to see increased levels of achievement. Finally, there was a need to train individuals to carry out a range of job roles in the sector, and to make sure that routes for learning, training and gaining skills were as varied as possible.

The Early Years NTO Sector Workforce Development Plan had previously given a pessimistic picture of recruitment and retention across the subsector. It suggested that the workforce feels poorly paid and undervalued. Those that are qualified "did not find it easy to transfer to other occupations and retain the same level of seniority and responsibility." The long and unsociable hours, a lack of clear promotion opportunities, the increases in paperwork and new regulatory frameworks have made the subsector less attractive. At the time of writing the development plan, the highest number of vacancies was in local-authority day nurseries. School support staff and volunteer workers had much lower vacancy and turnover rates, and had probably received some form of training in the previous 12 months.

As well as embarking on the activity suggested by SPRITO and its partners, the image of the subsector needs to be improved by:

- raising the status of the work
- encouraging people to join the workforce from all the communities represented locally
- raising the entry requirements for training, and
- increasing the range of role models.

<sup>19</sup>London Workforce over the next five years, August 2002.

### Health and social care

We will work with partners to:

- identify the training and development needs of health and social care employers in our area
- increase and widen the involvement in learning by people working in the health and social care sector
- develop new performance-management tools relevant to the sector
- develop a common approach to developing the health and social care workforce, and
- develop a health and social care workforce that reflects the diversity of the population it serves.

We will:

- make sure our strategy complements our partners' workforce development plans, and
- act as a 'broker' between health and social care employers and local providers of learning and business support.

### Early years, childcare and playwork

We will:

- encourage a demand-led system of training which is provided for the sector locally
- make sure colleges communicate with Early Years Development and Childcare Partnerships in their planning cycles
- support the provision of basic skills and ESOL for the sector
- support the training of more NVQ assessors, and
- make sure that partnership working continues with national childcare organisations to maintain progress towards common objectives.

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## Early years care and education workforce in England

Workers	Number of paid staff 1999	Voluntary workers 1999	Total workforce 1999	Total workforce 2000 – estimated
Nursery workers	51,190	7,000	58,190	62,436
Pre-school and playgroup workers	80,440	33,540	113,980	108,660
Registered childminders	93,300		93,300	85,808
Out-of-school workers	13,550	2,120	15,670	26,092
Holiday playscheme workers	3,330	660	3,990	4,502
Nannies (estimate - 1999 data)	100,000		100,000	100,000
<b>Totals</b>	<b>341,810</b>	<b>43,320</b>	<b>385,130</b>	
School support staff (1999 data)				254,711
Family centres				570
Regulators and inspectors				1,278
<b>Total</b>				<b>643,689</b>

Source: ©Early Years National Training Organisation, December 2001

## Employees in health and social care by borough, London East, 2001

	Barking and Dagenham	Bexley	City of London	Greenwich	Hackney
Human-health activities	1,132	3,204	2,704	4,469	5,300
Social-work activities	1,924	2,736	771	2,781	3,068
<b>Total</b>	<b>3,056</b>	<b>5,940</b>	<b>3,475</b>	<b>7,250</b>	<b>8,368</b>

	Havering	Lewisham	Newham	Redbridge	Tower Hamlets	Total
Human-health activities	7,541	5,039	4,508	2,183	6,354	42,434
Social-work activities	2,378	4,571	2,661	2,974	3,135	26,999
<b>Total</b>	<b>9,919</b>	<b>9,610</b>	<b>7,169</b>	<b>5,157</b>	<b>9,489</b>	<b>69,433</b>

Source: Annual Business Inquiry 2001, ONS Crown copyright (2003)

Enrolments, completions and achievements 2000-2001  
All modes of attendance, and all ages by level of qualification

Level of study	Community and residential care				Nursing			
NVQ or equivalent level course	Enrolments	Completions	Achievements	%	Enrolments	Completions	Achievements	%
1 and entry level	401	365	276	76				
2	733	399	257	64				
3	494	266	201	76	438	264	191	72
4, 5 and HE	33	18	7	39	10			
Other	58	35	30	86	12	7	7	100
	1719	1083	771	71	460	271	198	73

	Early years and nursery nursing				Health studies			
	Enrolments	Completions	Achievements	%	Enrolments	Completions	Achievements	%
1 and entry level	175	157	94	60	2227	2015	1579	78
2	925	454	271	60	408	297	175	59
3	1438	555	410	74	1192	630	455	72
4, 5 and HE	89	22	12	55	8	2	2	100
Other	107	53	4	8	2974	2499	2278	91
	2734	1241	791	64	6809	5443	4489	82

	Other				Counselling			
	Enrolments	Completions	Achievements	%	Enrolments	Completions	Achievements	%
1 and entry level	423	386	321	83	187	148	134	91
2	1451	1073	805	75	399	297	238	80
3	383	223	143	64	320	175	124	71
4, 5 and HE	2				29	9	9	100
Other	2273	850	485	57	1			
	4532	2532	1754	69	936	629	505	80

*In the fourth column of each table we have worked out the achievements as a percentage of those who actually completed their courses.  
If we worked this out using achievements against enrolments, the effect would be to reduce the achievement levels well below 50% in some areas.*

## Health, social care and early-years programme area by borough, 2000-2001

	Community and residential care				Nursing				Health studies			
	E	C	A	%	E	C	A	%	E	C	A	%
Hackney	155	81	54	67	65	43	30	70	618	488	355	73
Lewisham	236	132	108	82	117	76	60	79	811	666	541	81
Newham	251	160	112	70	49	21	14	67	887	608	464	76
Tower Hamlets	72	44	26	59	32	22	12	55	416	354	279	79
Barking and Dagenham	119	69	44	64	44	23	20	87	438	378	292	77
Bexley	193	136	118	87	30	19	13	68	1009	907	775	85
Greenwich	390	270	177	66	48	29	18	62	1117	729	625	86
Havering	144	95	76	80	22	12	9	75	879	749	683	91
Redbridge	159	96	56	58	53	26	22	85	634	564	475	84
	1719	1083	771	71	460	271	198	73	6809	5443	4489	82

	Early years and nursery nursing				Other				Counselling			
	E	C	A	%	E	C	A	%	E	C	A	%
Hackney	223	121	71	59	812	227	115	51	152	119	91	76
Lewisham	255	110	63	57	686	530	352	66	143	86	73	85
Newham	417	205	146	71	432	268	188	70	68	20	16	80
Tower Hamlets	275	112	83	74	400	221	127	57	72	18	9	50
Barking and Dagenham	210	154	96	62	257	139	108	78	68	55	47	85
Bexley	379	111	74	67	388	279	236	85	105	80	62	78
Greenwich	316	94	54	57	660	301	192	64	121	92	67	73
Havering	344	142	104	73	491	332	267	80	138	110	100	91
Redbridge	315	192	100	52	406	235	169	72	69	49	40	82
	2734	1241	791	64	4532	2532	1754	69	936	629	505	80

E = enrolments, C = completions, A = achievements.

In the fourth column of each table we have worked out the achievements as a percentage of those who actually completed their courses.

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## Glossary

*ISR* stands for individualised student record. This is a record kept by a college about a student. It contains information about a student's enrolment on a course and qualifications achieved. The ISR contains the data needed for colleges to claim funding from the Learning and Skills Council.

*Multi-skilling* refers to people being able to offer a range of different skills to employers.

*Occupational mobility* – this refers to the movement of individuals from one job to another. In the chart and tables we are presenting information about the number of people likely to move out of their present jobs.

*Skills escalator* – the Department of Health describes the skills escalator as a dynamic approach to supporting career potential and development across the [health service] workforce. Staff are encouraged through lifelong learning to renew and extend their skills and knowledge to the extent of their ability. This will allow employees to move jobs and improve their career prospects. The term escalator is used because the NHS is saying to its staff that they can join and leave different forms of training and education at different points in their careers when it suits them.

Standard industrial classification codes	Health and social care
<b>85.1</b>	<b>Human health activities</b>
85.11	Hospital activities
85.11/1	Public-sector hospital activities, including NHS trusts
85.11/2	Private-sector hospital activities
85.11/3	Nursing home activities
85.12	Medical practice activities
85.13	Dental practice activities
85.14	Other human health activities
<b>85.2</b>	<b>Veterinary activities</b>
<b>85.3</b>	<b>Social work activities</b>
85.31	Social work activities with accommodation
85.31/1	Charitable social work activities with accommodation
85.31/2	Non-charitable social work activities with accommodation
85.32	Social work activities without accommodation
85.32/1	Charitable social work activities without accommodation

Source: Annual Business Inquiry 2001, ONS Crown copyright (2003)



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